U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Article Esta Only REC'D	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3779	2. Fiscal Year Covered From:	
,	1 / 1 / 04 Through: 12 / 31 / 04	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Steve Gogarty	Name IATSE Local 3	
	Labor Organization File Number 044-939	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 352	
Street 129 Greenwood Avenue	Street 800 Penn Avenue, Suite 501	
City Bridgeville	City Pittsburgh	
State PA ZIP Code + 4 15017	State PA ZIP Code + 4 15230	
5. Position in labor organization. Recording Secretary		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:	Francisco Control Cont	
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City		
Oily		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Signed	on 7-7-05 412-220-8026	
- 00 - 1	Date Telephone Number	
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Name of Person Filing Steve Gogarty	File Number U- 3779	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	,	
State ZIP Code + 4		
	A4 a Nahara afarah dariba	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing.	
Tendo Namo if any		
P.O. Box, Bidg., Room No., if any		
Street		
	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Control to	
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	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Jubelirer, Pass & Intrieri, P.C.	Christmas gift of food and beverage valued at \$75.00 from law firm who represents IATSE Local 3.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 219 Fort Pitt Boulevard	transplantation of the state of	
City Pittsburgh		
State PA ZIP Code + 4 15222		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$75.00	